

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AD FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4						
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10		3				
11						
12		1				
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Total Indep	1					
Total Depend	35					
Total Claims	36					

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Total Indep						
Total Depend						
Total Claims						

11/6/6